# Policy for animals in the healthcare setting

(Not including Police Dogs)

<table>
<thead>
<tr>
<th>Lead executive</th>
<th>Director of Nursing Therapies Patient Partnership</th>
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<tbody>
<tr>
<td>Authors details</td>
<td>Infection Prevention and Control Team 01244 397700 Lyn Ellis, Senior Health and Safety Advisor 01244 397715</td>
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<table>
<thead>
<tr>
<th>Type of document</th>
<th>Policy</th>
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<tbody>
<tr>
<td>Target audience</td>
<td>All CWP staff</td>
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</tbody>
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**Document purpose**

Pet therapy is acknowledged as an aid to the quality of those living with chronic disease, elderly people and conditions that benefit from the stimulation enhanced by pets (Pets As Therapy, 2006). However, there is a risk that disease can be acquired from a variety of animals and this policy aims to reduce that risk to a level that is safe for patients, staff, visitors and service users within the Trust.

**Approving meeting**

Infection Prevention & Control Sub Committee

**Implementation date**

Jan-2017 followed by annual compliance review

**CWP documents to be read in conjunction with**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>HR6</td>
<td>Trust-wide learning and development requirements including the training needs analysis (TNA)</td>
</tr>
<tr>
<td>IC2</td>
<td>Hand decontamination policy and procedure</td>
</tr>
<tr>
<td>GR1</td>
<td>Incident reporting and management policy</td>
</tr>
<tr>
<td>CP12</td>
<td>Search Policy (Police Dogs)</td>
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</tbody>
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**Document change history**

- Amendment to IPCT contact information and name of approving committee
- Addition of PET alarm guidance
- Inclusion of assistance dogs March 2013
- Recoded from Infection Control (IC) to GR section with HSWSC responsibilities.

**Appendices / electronic forms**

N/A

**What is the impact of change?**

Up to date guidance available for staff.

**Training requirements**

No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)

**Document consultation**

<table>
<thead>
<tr>
<th>East locality</th>
<th>Policy review panel</th>
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<tr>
<td>Wirral locality</td>
<td>Policy review panel</td>
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<tr>
<td>West locality</td>
<td>Policy review panel</td>
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<tr>
<td>Corporate services</td>
<td>Infection Prevention &amp; Control Sub Committee</td>
</tr>
<tr>
<td>External agencies</td>
<td>N/A</td>
</tr>
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</table>
Financial resource implications | No

External references
   http://www.petsastherapy.org/

<table>
<thead>
<tr>
<th>Equality Impact Assessment (EIA) - Initial assessment</th>
<th>Yes/No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Does this document affect one group less or more favourably than another on the basis of:</td>
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<tr>
<td>- Race</td>
<td>No</td>
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<td>- Ethnic origins (including gypsies and travellers)</td>
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<td>- Nationality</td>
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<td>- Gender</td>
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<td>- Culture</td>
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<tr>
<td>- Religion or belief</td>
<td>No</td>
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<tr>
<td>- Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
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<tr>
<td>- Age</td>
<td>No</td>
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<tr>
<td>- Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
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Is there any evidence that some groups are affected differently? | No |

If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select

<table>
<thead>
<tr>
<th>Is the impact of the document likely to be negative?</th>
<th>Yes/No</th>
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<tr>
<td>- If so can the impact be avoided?</td>
<td>N/A</td>
</tr>
<tr>
<td>- What alternatives are there to achieving the document without the impact?</td>
<td>N/A</td>
</tr>
<tr>
<td>- Can we reduce the impact by taking different action?</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required? | No |

What is the level of impact? | Low
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1. Introduction
Pet therapy is known to improve the lives of people suffering from debilitating mental and physical health conditions such as Autism, Dementia and Stroke by including animal assisted interventions as part of an holistic approach to treatment. (Pets as Therapy, 2017).

However, there is a risk that disease can be acquired from a variety of animals. Animals can carry parasites and microbes which can be transmitted to humans or the environment, in particular people who are immunosuppressed. In certain circumstances and if a thorough risk assessment is carried out and risks are managed appropriately the psychological and physical benefits may outweigh the infection control issues.

This policy aims to reduce that risk to a level that is safe for staff, visitors, carers and service users within the Trust.

1.1 Aim
For all trust staff and providers of pet therapy services to follow the guidance laid down in this policy thus ensuring safe practice. This policy aims to give guidance around pets that are resident in the care setting, those that are just visiting and assistance dogs that may be used by staff members, patients, carers or visitors.

2. Diseases associated with animals
Diseases associated with animals include:

<table>
<thead>
<tr>
<th>Animal</th>
<th>Associated disease</th>
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<tbody>
<tr>
<td>Dogs and Cats</td>
<td>Salmonella, Campylobacter, Toxocara, Toxoplasma and Yersinia</td>
</tr>
<tr>
<td>Birds</td>
<td>Chlamydia psittaci</td>
</tr>
<tr>
<td>Terrapins</td>
<td>Salmonella</td>
</tr>
<tr>
<td>Exotic Pets - Such as snakes, Lizards, Turtles, Iguanas, Spiders, Rodents</td>
<td>Salmonella</td>
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</tbody>
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The above list covers the most common animals which have a history of transmitting infection; it is not intended to be exhaustive and the IPCT must be contacted on 01244 397700 should further advice be required.

3. Selecting an animal
Choosing any pet that is going to be resident in the care setting involves a long term commitment to the animal and its subsequent welfare. It is recommended that one member of staff is identified to act as the responsible person for the welfare of the animal.

The following factors should be taken into account:
- Client preference;
- Need to touch the animal;
- Other client choices and wishes;
- Cultural influences;
- Allergies in clients and / or staff;
- Cost of food, maintenance and veterinary care etc.

The ongoing care required for the selected pet must also be considered:
- Physical space required;
- Exercise;
- Feeding and sleeping area;
- Grooming;
- Cleaning of the pet bed / cage;
- Equipment in general.
3.1 **Veterinary care**
- All animals must be registered with a veterinary practice.
- All animals must undergo a full health assessment by a veterinary practitioner prior to being introduced to the healthcare setting.
- The animal’s vaccination schedule must be up to date.
- The animal must undergo a medical by a veterinary practitioner on an annual basis.
- A designated member of staff must ensure all the necessary health records are maintained accurately.

3.2 **Food and feeding**
- Hygienic practices such as hand washing must be observed at all times.
- Keep feeding areas clean and pest free.
- Store food in a designated area – not in the kitchen or refrigerator with other foodstuffs.
- Only use commercial pet foods.
- Feeding dishes / containers must be washed thoroughly after each feed and dried and stored separately away from other crockery.
- Animals must have a designated feeding area which must not be the kitchen.

3.3 **Waste and litter**
- Always wear disposable gloves and a plastic disposable apron when emptying and cleaning litter trays, handling animal faeces and changing cage liners.
- Hands must be washed thoroughly as per the hand decontamination policy and procedure.
- Pregnant women must not deal with faecal matter from cats due to the risk of toxoplasmosis. If in any doubt please contact the IPCT or the occupational health department.

3.4 **General precautions**
- Animals must be kept well groomed and clean.
- Advice must be obtained immediately from the veterinary practitioner if the animal appears unwell.

3.5 **Staff / service user care**
- Staff and service users should not allow the animal to lick them.
- Cuts and / or abrasions must be covered with a waterproof dressing.
- If any bites and / or scratches occur then advice should be sought from the nearest occupational health department (if the person bitten is a staff member) or the doctor responsible for the service user’s care as soon as possible.

3.6 **Deceased animals**
- Contact the veterinary practitioner as soon as possible and they will advise regarding the course of action to be taken. Charges may well be incurred for this service.

3.7 **Visiting animals**
There are various organisations throughout the country who arrange to bring pets into healthcare environments for the benefit of the patients. Any volunteers wishing to participate in such a scheme must contact their nearest organisation in the first instance. Visit [www.petsastherapy.org](http://www.petsastherapy.org) for more information.

The animals are usually dogs; however cats may also be registered. The following guidance will usually apply. The animal MUST:
- Be an adult;
- Be house trained;
- Be regularly de-wormed;
- Receive regular flea treatments;
• Be vaccinated and these vaccinations kept up to date – certification must have been checked by the organisation e.g. Pets as Therapy;
• Not visit if unwell;
• Be kept away from other patients who may have allergies or phobias;
• Staff / patients must wash their hands after handling the animal.

If the ward manager is not happy with the animal visiting at a particular time e.g. due to a situation on the ward then the visit must not take place. However, it must be acknowledged that the people undertaking these visits are volunteers so should be contacted in advance if possible to inform them that a visit cannot take place.

Any volunteers working within CWP must expect the same level of protection as any other person in the Trust. The duty of care to protect all visitors is the responsibility of the Clinical Service Unit (CSU) itself. When entering a ward or department, volunteers must be issued with an alarm by a member of staff and the alarm then handed into a staff member when they leave that ward or department. Ultimately the volunteer must be afforded the same level of protection as any other staff member or visitor.

If it is felt necessary that a patient’s own pet must visit them whilst they are in hospital then advice must be sought from the Infection Prevention and Control Nurse (IPCN) before the visit happens.

3.8 Feral animals
This refers to domestic animals that live in the wild and the most common are cats. Such animals should not be fed or attracted to trust premises as they can become a nuisance or a risk to health.

Care must be exercised when dealing with any stray or wild animal as they may have contracted disease from another wild animal.

3.9 Fish
An aquarium may be seen to be beneficial in some areas, as watching fish can have a calming effect and reduce stress. However aquarium water can pose an infection risk, a maintenance contract with an aquaria maintenance specialist must be established.

3.10 Exotic / tropical pets
Such animals must not be brought onto trust premises under any circumstances due to the care they require and the risk of transmission of infection.

3.11 Farm visits by clients
Farm visits can provide an excellent aid to stimulation for clients. However, sensible precautions must be taken as follows:
• Hands must be washed and dried thoroughly after handling / touching animals;
• Do not eat or drink whilst walking around a farm;
• Do not place your face near the animal;
• Do not put your fingers in your mouth after touching the animal;
• Clean footwear thoroughly after the visit

4. Duties and responsibilities
For general duties and responsibilities in Infection Prevention and Control please refer to infection prevention and control policy. For additional and specific duties related to this policy see below.

4.1 Managers
Managers must ensure staff follow this policy by ensuring they attend MEL as per trust policy.

4.2 All trust employees
All trust employees will follow this policy and will be made aware of it via trust induction and MEL. The manager of any area who needs to implement this policy must inform the IPCT as soon as possible. Any staff member who encounters any difficulties in implementing this policy in their work area must contact the IPCT immediately.